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LICENSE NUMBER: 0488000	01	CITY OR TOWN HAMPDEN
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: R.G.D. I	NC.	
DOING BUSINESS A HAMP	DEN HOUSE CAFE	
ADDRESS 1 ALLEN ST		
CITY/TOWN: HAMPDEN	STATE: MA	ZIP CODE: 01036
MANAGER: GERI, ANN C.MM.SO	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSEI		
ADDING OUTDOOR PREMIS DOORWAY OF THE CURRE		PROX.236 SQ.FT.WITH ENTR. & EXIT
I hereby certify and swear unde	r penalties of perjury that:	
1. the renewed license	will be of the same type for the	same premises now licensed;
2. the licensee has com	plied with all laws of the Com	nonwealth relating to taxes; and
3. the premises are nov	w open for business (If not expl	ain below)
SIGNED BY		
Individu	al, Partner or Authorized Corpo	orate Officer
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	uilding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048800002		CITY OR TOWN HAMPI	DEN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MT. VIEW CORD			
ADDRESS 25 ALLEN ST.			
CITY/TOWN: HAMPDEN	STATE: MA	ZIP CODE: 01036	
MANAGER: SCIBELLI, JOSEPH TY S.	PE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
CONSISTING OF DINING ROOM ON INCLUDES KITCHEN AND STORAG ALCOHOLIC BEVERAGES WILL BE	E ROOM. BLDG MEA	ASURES 50 X 30; STORAG	
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the s	ame premises now licensed;	
2. the licensee has complied wit	th all laws of the Comm	onwealth relating to taxes; ar	nd
3. the premises are now open for	r business (If not explai	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
TELETIO	NE NUMBER.	(Note: NOT Individual Soci	al Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire department for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUMBER: 048800	004	CITY OR TOWN HAMPDEN	
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR 20	13
	CLASS	7	YEAR
LICENSEE NAME: PAT LI DOING BUSINESS A ADDRESS 190 MAIN ST.	EDOUX POST #9397 V.F.W. C	OF U.S., INC.	
CITY/TOWN: HAMPDEN	STATE: MA	ZIP CODE: 01036	
MANAGER: GRIMALDI, LAURA	TYPE OF LICENSE: Ve		All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSI PREMISE TO INCLUDE OU DECK AREA, MAXIMUM O		THE BRIDGE AS AN EXTENTIO	N TO
2. the licensee has co	e will be of the same type for the	monwealth relating to taxes; and	
SIGNED BY Individ	ual, Partner or Authorized Corp	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social Se	
Acts of 2004, signed by the	building inspector and the hea	ne certificate required by Chapte ad of the fire department for the a urance required by Chapter 116	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO By:	RITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 048800006		CITY OR TOWN	HAMPDEN		
APPLICATION 1	FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS		YEAR		
LICENSEE NAM	ME: HAMPDEN	DISCOUNT LIQUORS	INC			
DOING BUSINE	ESS A HAMPDEN	N PACKAGE LIQUORS				
ADDRESS 7 AL	LEN ST					
CITY/TOWN: I	HAMPDEN	STATE: MA	ZIP CODE:	01036		
	HAMPAGNE, ENRY	TYPE OF LICENSE:	Package Store Ca	ATEGORY: All Alcohol		
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION (OF LICENSED PI	REMISES:				
	E IN FRONT, ON Q FT, TWO ROC	VE EXIT IN REAR,ONE OMS	FLOOR,NO CELLAF	R, CONTAINING		
3. the pro		en for business (If not ex				
DATE:	TELEI	PHONE NUMBER:		t IDENTIFICATION NUMBER: lividual Social Security Number)		
Please Check Below:			LOCAL LICENS	ING AUTHORITY		
APPROVED: DISAPPROVED			By:			
(If disapproved ex						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J48800007		CITY OR TO	WN HAMPDE	IN
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 488 MAIN		GROG SHOPPE INC			
CITY/TOWN: HAMI		STATE: MA	ZIP COD	E: 01036	
MANAGER: MEFFI		TYPE OF LICENSE:P		CATEGORY:	All Alcohol
EMAIL ADDRESS:			8- ~		7
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PR	REMISES:			
CONSISTING OF REACCESS TO EACH F		FLOOR AND A SIMILA M GROUND LEVEL	AR SIZED BASI	EMENT WITH O	NE
3. the premise. SIGNED BY	s are now ope	d with all laws of the Coren for business (If not expanded)	plain below)	ting to taxes; and	
DATE:	TELEP	PHONE NUMBER:		OYER IDENTIFICATE OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 048800008		CITY OR	IOWN	ПАМРИЕ	IN
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
	S A VILLAGE FOOD 1	MART				
ADDRESS 43 SOM					0.4.0.	
CITY/TOWN: HA	MPDEN	STATE: N	IA ZIP CC	DDE:	01036	
MANAGER: MA R.	YOTTE, GARY TYPE	OF LICENSE	Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB F LICENSED PREMISE 70 X 100 FT BLDG TW FD	ES:		O REA	R EXITS,O	NE
2. the licen	wed license will be of the see has complied with a bises are now open for be Individual, Partner o	ll laws of the C usiness (If not e	ommonwealth re explain below)			
DATE:	TELEPHONE	NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	lain)		LOCAL I By:	LICENS	ING AUTH	ORITY
DATE:						



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LICENSE NUMBER:	048800013		CI	TY OR TOV	VN HAMPDI	EN
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME:	McLADDEN REST	'AURANT G	ROUP HA	MPDEN LL	C	
DOING BUSINESS A	McLADDEN'S IR	ISH PUBLIC	K HOUSE	3		
ADDRESS 546 MAIN	I STREET					
CITY/TOWN: HAM	PDEN	STATE:	MA	ZIP CODE	: 01036	
MANAGER: LADD MICH	· · · · · · · · · · · · · · · · · · ·	E OF LICEN	SE:Restau	rant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L						
THREE DINING ROOFLOORPATIO ADJA				H ARE ALL	ON THE GRO	OUND
I hereby certify and sw	ear under penalties	of perjury tha	t:			
1. the renewed	d license will be of th	he same type	for the san	ne premises r	now licensed;	
2. the licensee	e has complied with a	all laws of the	Common	wealth relatii	ng to taxes; and	1
3. the premise	es are now open for b	ousiness (If no	t explain l	pelow)		
SIGNED BY						
	Individual, Partner of	or Authorized	Corporate	Officer		
D. 1.000						
DATE:	TELEPHONE	E NUMBER:				ATION NUMBER:
				(Note: <u>NO1</u>	_ Illulviduai 50ciai	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and th	e head of	the fire dep	artment for th	ie above
Please Check Below:			I	OCAL LICI	ENSING AUTI	HORITY
APPROVED:	\neg		F	Ву:		
DISAPPROVED: (If disapproved explain						
(ii disappioved explaii	1)		-			
			-			
DATE:			-			



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LICENSE NUMBER	C: 048800014		CITY OR TOWN	HAMPDE	N
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HAMPDEN COUN	TRY CLUB			
DOING BUSINESS	A				
ADDRESS 128 WIL	BRAHAM ROAD				
CITY/TOWN: HAN	MPDEN	STATE: MA	ZIP CODE:	01036	
MANAGER: FRO	MENT, TYP! MAS	E OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
'	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
BANQUET HALL,	FIRST FLOOR AND 19TH HOLE, TERRA SHOWN ON SCORE T.	CES ON BOTH FL	OORS AND THE	18TH HOLES	SOF
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of the	ne same type for the	same premises nov	w licensed;	
2. the license	ee has complied with	all laws of the Comn	nonwealth relating	to taxes; and	
3. the premi	ses are now open for b	ousiness (If not expla	in below)		
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are in the building insp (2) the certificate of l	pector and the head	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	• >				
(If disapproved expla	nin)				 ,
DATE:					